

GENERAL NOTICE CONTINUATION COVERAGE RIGHTS UNDER COBRA

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan when coverage under the Plan would normally cease. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** COBRA and the description of COBRA continuation coverage set forth in this notice applies only to the group health plan benefits offered under the Plan (the group health care components are identified above) and does not apply to any other benefits offered under the Plan or by the EUTF such as life insurance, disability insurance, or accidental death and dismemberment benefits.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you in certain circumstances when you would otherwise lose your group health coverage under the Plan. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage under the Plan. This notice does not fully describe COBRA continuation coverage rights or other rights you may have under the Plan. For additional information about your rights and obligations under the Plan and under federal law, you should review the COBRA Notice on the Plan's website at www.eutf.hawaii.gov or contact the Plan Administrator for a hard copy. The Plan provides no greater COBRA continuation coverage rights than what COBRA requires, and nothing in this notice should be understood to expand your rights beyond what COBRA requires.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "Qualifying Event." Specific Qualifying Events are listed later in this notice. After a Qualifying Event occurs and any required notice of that event is provided to the EUTF, COBRA continuation coverage must be offered to each person who loses or will lose coverage under the Plan who is a "Qualified Beneficiary." You, your spouse, and your dependent children could become Qualified Beneficiaries and would be entitled to elect COBRA continuation coverage if coverage under the Plan is lost because of the Qualifying Event. Also, if a child is born to you or adopted by or placed for adoption with you during a period of COBRA continuation coverage, or if you are required to provide coverage to a child under the terms of a Qualified Medical Child Support Order (QMCSO), that child may become a Qualified Beneficiary. This is discussed in greater detail later in this notice. Under the Plan, Qualified Beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

Who Is Entitled to Elect COBRA Continuation Coverage?

If you are an employee, you will become a Qualified Beneficiary and entitled to elect COBRA continuation coverage if you lose your group health coverage under the Plan because either one of the following Qualifying Events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a Qualified Beneficiary and entitled to elect COBRA continuation coverage if you lose your group health coverage under the Plan because any of the following Qualifying Events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct; or
- You become divorced or legally separated from your spouse. If an employee cancels coverage for the spouse in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, then the divorce or legal separation will be considered the Qualifying Event, even though the ex-spouse lost coverage under the Plan before the occurrence of the divorce or legal separation. If the ex-spouse notifies the Plan Administrator within 60 days after the divorce or legal separation and can establish that the employee earlier cancelled the spouse's coverage under the Plan in anticipation of the divorce or legal separation, then COBRA continuation coverage may be available for the period after the divorce or legal separation.

Your dependent children who are enrolled in the Plan will become Qualified Beneficiaries and entitled to elect COBRA continuation coverage if they lose coverage under the Plan because any of the following Qualifying Events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to Qualified Beneficiaries only after the Plan Administrator has been notified that a Qualifying Event has occurred. When the Qualifying Event is the end of employment or reduction of hours of employment or the death of the employee, your employer must notify the Plan Administrator of the Qualifying Event. The employee will not need to notify the EUTF of the occurrence of any of these three Qualifying Events.

You Must Give Notice of Some Qualifying Events

For the other initial Qualifying Events (**divorce or legal separation** of the employee and spouse or a **dependent child's losing eligibility for coverage** as a dependent child), you must provide the Plan Administrator with notice of the Qualifying Event within 60 days after the later of the date of the Qualifying Event or the date of the loss of coverage under the Plan.

You must provide this notice in writing by appropriately completing the attached "Notice of a COBRA-Related Event." You must follow the procedures specified below in the section entitled "Notice Procedures" and you must return the signed and dated form along with appropriate supporting documentation of the nature and date of the initial Qualifying Event within the time period described above. The section entitled "Notice Procedures" also describes what the Plan will accept as appropriate supporting documentation of the initial Qualifying Event. Oral notice, including notice by telephone, is not acceptable, and electronic notice by e-mail is not acceptable. You may return the "Notice of a COBRA-Related Event" to the Plan Administrator by mail, by fax or by hand-delivery according to the procedures specified below in the section entitled "Notice Procedures." If you do not follow these procedures or if you fail to provide written notice to the Plan Administrator within the 60-day notice period, **YOU AND ANY OTHER FAMILY MEMBERS WHO WOULD OTHERWISE BE QUALIFIED BENEFICIARIES WILL LOSE THEIR RIGHTS UNDER COBRA, INCLUDING THE RIGHT TO ELECT COBRA CONTINUATION COVERAGE.**

How Is COBRA Coverage Provided?

Once the Plan Administrator receives timely notice that an initial Qualifying Event has occurred, COBRA continuation coverage will be offered to each of the Qualified Beneficiaries. Each Qualified Beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their covered spouses, and parents may elect COBRA continuation coverage on behalf of their covered children.

For each Qualified Beneficiary who timely elects COBRA continuation coverage, COBRA continuation coverage will begin on the later of the date of the Qualifying Event or the date of the loss of group health coverage under the Plan. **If you or your spouse or your dependent children do not elect COBRA continuation coverage within the 60-day election period which begins as of the date of the COBRA Election Notice provided by the Plan Administrator, YOU WILL LOSE YOUR RIGHTS UNDER COBRA TO ELECT CONTINUATION COVERAGE.**

Qualified Beneficiaries may be enrolled in one or more group health care components of the Plan at the time a Qualifying Event occurs. If a Qualified Beneficiary is entitled to elect COBRA continuation coverage as a result of the Qualifying Event, he or she may elect COBRA continuation coverage under any or all of the group health care components of the Plan under which he or she was covered on the day before the occurrence of the Qualifying Event. For example, if a Qualified Beneficiary was covered under the medical and dental components of the Plan on the day before the Qualifying Event occurred, he or she may elect COBRA continuation coverage under the medical component only, the dental component only, or under both the

medical and dental components. However, if the Qualified Beneficiary were not covered under the dental component of the Plan on the day before the Qualifying Event occurred, then the Qualified Beneficiary would not be entitled to elect COBRA continuation coverage under the dental component of the Plan.

Qualified Beneficiaries who are entitled to elect COBRA continuation coverage may do so even if, on or before the day they elect COBRA continuation coverage, they have other group health plan coverage or are entitled to benefits under Medicare (under Part A, Part B or both). However, a Qualified Beneficiary's COBRA continuation coverage will automatically end if, after electing COBRA continuation coverage, he or she becomes covered under another group health plan or becomes entitled to benefits under Medicare (under Part A, part B or both), provided only that any applicable preexisting condition exclusion of the other group health plan has been exhausted or satisfied.

How Long Does COBRA Continuation Coverage Last?

COBRA continuation coverage is a temporary continuation of coverage. When the Qualifying Event is the death of the employee, the covered employee's divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage may last for up to a total of 36 months.

When the Qualifying Event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally may last for only up to a total of 18 months. The COBRA continuation coverage periods described above are maximum coverage periods. COBRA coverage can end before the maximum coverage period described in this Notice for several reasons.

There are three ways in which this 18-month period of COBRA continuation coverage resulting from a reduction in hours or employment or termination of employment can be extended.

Disability extension of 18-month period of continuation coverage

If a Qualified Beneficiary in your family covered under the Plan is determined by the Social Security Administration to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the Plan Administrator in a timely fashion, all of the Qualified Beneficiaries in your family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum COBRA coverage period of 29 months. This extension of the COBRA coverage period is available only for Qualified Beneficiaries who are receiving COBRA continuation coverage because of a Qualifying Event that was the covered employee's reduction in hours of employment or termination of employment. The disability would have to have started at some time before the 61st day after the covered employee's termination of employment or reduction of hours of employment and must last at least until the end of the 18-month period of continuation coverage resulting from the initial Qualifying Event. The additional 11 months of COBRA continuation coverage will be available as long as the disabled individual continues to be disabled. However, if the Social Security Administration subsequently makes a final determination that the disabled individual is no longer disabled, and

the cessation of disability occurs before the end of the 11th month of additional coverage (but after the 18th month of COBRA coverage resulting from the initial Qualifying Event), then the Plan Administrator will terminate the COBRA continuation coverage for all Qualified Beneficiaries as of the first day of the month that is more than 30 days after the date of the Social Security Administration's final determination that the disabled Qualified Beneficiary is no longer disabled. If the Social Security Administration's final determination that the disabled individual is no longer disabled is made before the end of the initial 18 month COBRA coverage period, then the disabled Qualified Beneficiary and all other Qualified Beneficiaries in the same family will be entitled only to the maximum coverage period of 18 months.

You must provide the Plan Administrator with notice of the Social Security Administration's disability determination within 60 days after the latest of

- the date of the Social Security Administration's disability determination;
- the date of the covered employee's termination of employment or reduction in hours of employment; or
- the date on which the Qualified Beneficiary loses (or would lose) coverage under the Plan as a result of the covered employee's termination of employment or reduction in hours of employment.

In addition, in order to be entitled to the disability extension you must provide the Plan Administrator with notice of the Social Security Administration's disability determination within 18 months after the covered employee's termination of employment or reduction in hours of employment. If you provide notice to the Plan Administrator of the Social Security Administration's disability determination at a date more than 18 months after the covered employee's termination of employment or reduction in hours of employment, you will not be entitled to the disability extension, even if you provided the notice within 60 days after receiving the Social Security Administration's disability determination.

You must provide notice of the disability determination in writing by appropriately completing the attached "Notice of a COBRA-Related Event." You must follow the procedures specified below in the section entitled "Notice Procedures" and you must return the signed and dated form along with appropriate supporting documentation of the Social Security Administration's disability determination within the time period described above. The section entitled "Notice Procedures" also describes what the Plan will accept as appropriate supporting documentation of the initial Qualifying Event. Oral notice, including notice by telephone, is not acceptable, and electronic notice by e-mail is not acceptable. You may return the "Notice of a COBRA-Related Event" to the Plan Administrator by mail, by fax or by hand-delivery according to the procedures specified below in the section entitled "Notice Procedures." If you do not follow these procedures or if you fail to provide written notice to the Plan Administrator within the 60-day notice period described above, **THEN YOU AND ANY OTHER FAMILY MEMBERS WHO ARE QUALIFIED BENEFICIARIES WILL NOT BE ENTITLED TO THE DISABILITY EXTENSION OF YOUR COBRA CONTINUATION COVERAGE.**

Second Qualifying Event extension of 18-month period of continuation coverage

If your family experiences another Qualifying Event while receiving 18 (or 29) months of COBRA continuation coverage resulting from the covered employee's termination of employment or reduction in hours of employment (or during the disability extension period following either of these Qualifying Events), the spouse and dependent children in your family who are receiving COBRA continuation coverage can get up to 18 additional months of COBRA continuation coverage, for up to a maximum of 36 months of COBRA continuation coverage, if notice of the second Qualifying Event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving COBRA continuation coverage if the employee or former employee dies, gets divorced or legally separated or if the dependent child stops being eligible under the Plan as a dependent child, but only if the second Qualifying Event would have caused the spouse or dependent child to lose coverage under the Plan had the first Qualifying Event not occurred. (This extension in the COBRA coverage period is not available under the Plan when a covered employee becomes entitled to benefits under Medicare.)

For second Qualifying Events (death of the employee, divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must provide the Plan Administrator with written notice of the second Qualifying Event within 60 days after the second Qualifying Event occurs.

You must provide this notice of a second Qualifying Event in writing by appropriately completing the attached "Notice of a COBRA-Related Event." You must follow the procedures specified below in the section entitled "Notice Procedures" and you must return the signed and dated form along with appropriate supporting documentation of the second Qualifying Event (in the case of the death of the employee or a divorce or legal separation of the employee and spouse, or a child losing eligibility under the terms of the Plan) within the time period described above. The section entitled "Notice Procedures" also describes what the Plan will accept as appropriate supporting documentation of the second Qualifying Event. Oral notice, including notice by telephone, is not acceptable, and electronic notice by e-mail is not acceptable. You may return the "Notice of a COBRA-Related Event" to the Plan Administrator by mail, by fax or by hand-delivery according to the procedures specified below in the section entitled "Notice Procedures." If you do not follow these procedures or if you fail to provide written notice to the Plan Administrator within the 60-day notice period described above, **THEN YOU AND ANY OTHER FAMILY MEMBERS WHO ARE QUALIFIED BENEFICIARIES WILL NOT BE ENTITLED TO THE EXTENSION OF THE COBRA CONTINUATION COVERAGE DUE TO THE OCCURRENCE OF A SECOND QUALIFYING EVENT.**

Medicare extension for a spouse and dependent children

If a Qualifying Event that is a termination of employment or reduction of hours of employment occurs within 18 months after the covered employee becomes entitled to Medicare benefits (under Part A, Part B, or both), then the maximum coverage period for the spouse and dependent children (but not the employee) will be up to 36 months from the date the employee became entitled to Medicare benefits. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his

spouse and children who lost coverage under the Plan due to the employee's termination of employment can last up to 36 months after the date of the employee's Medicare entitlement, which is equal to 28 months after the date of the Qualifying Event (36 months minus 8 months). However in this situation, the covered employee's maximum coverage period will be 18 months.

Children Born To or Placed for Adoption with the Covered Employee during a Period of COBRA Continuation Coverage

A child born to or adopted by or placed for adoption with a covered employee during a period of COBRA continuation coverage is considered to be a Qualified Beneficiary provided that, if the covered employee is a Qualified Beneficiary, the covered employee has elected COBRA continuation coverage for himself or herself. The newborn or adopted child's COBRA continuation coverage begins when the child is enrolled in the Plan, whether under the special enrollment rights mandated by the Health Insurance Portability and Accountability Act (HIPAA) or during an open enrollment period, and the COBRA continuation coverage lasts as long as COBRA coverage lasts for other family members who have previously elected COBRA continuation coverage. To be enrolled in the Plan, the child must satisfy the otherwise applicable eligibility requirements of the Plan (for example, regarding attained age or student status).

Alternate Recipients under QMCSOs

A child of the covered employee who is receiving benefits under the Plan pursuant to a Qualified Medical Child Support Order (QMCSO) received by the Plan Administrator during the covered employee's period of employment with *[name of public employer]* is entitled to the same rights under COBRA as a eligible dependent child of the covered employee, regardless of whether that child would otherwise be considered a dependent under the eligibility requirements of the Plan.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you must notify the Plan Administrator of any changes in the addresses of family members by submitting a fully completed Enrollment Change Form (EC-1) to the Plan Administrator. The EC-1 form is available from the Plan Administrator. You should also keep a copy, for your records, of any notices or forms you send to the Plan Administrator.

Plan Contact Information

You must mail any notices or forms described in this Notice to the Plan Administrator at the following address:

Hawaii Employer-Union Health Benefits Trust Fund
P.O. Box 2121
Honolulu, HI 96805-2121
Telephone: (808) 586-7390
Toll Free: (800) 295-0089
Fax: (808) 586-2161

You may fax any notices or forms described in this Notice to the Plan Administrator at the fax number shown above. You may hand-deliver any notices or forms to the Plan Administrator at the EUTF's offices located at 201 Merchant Street, Suite 1520, Honolulu, HI.

If you have questions regarding this Notice or your rights under COBRA, you may call the Plan Administrator at the telephone number shown above. You may also view the EUTF's "COBRA Notice" on the website at: www.eutf.hawaii.gov or find additional information about COBRA in the Reference Guide for Active Employees (effective July 1, 2004).

Notice Procedures

You must provide notice to the Plan Administrator of certain Qualifying Events and of other events that affect the continuation or duration of your COBRA continuation coverage. These Qualifying Events and other events are described below. You must provide this notice in writing by using Enrollment Change form (EC-1) through your employer or personnel office or by completing the "Notice of a COBRA-Related Event" which follows these Notice Procedures. You must fully complete the "Notice of a COBRA-Related Event," attach any required documentation specified below, and mail, fax or hand-deliver the signed and dated Notice to the Plan Administrator at this address:

Hawaii Employer-Union Health Benefits Trust Fund
P.O. Box 2121
Honolulu, HI 96805-2121
Telephone: (808) 586-7390
Fax: (808) 586-2161

You may hand-deliver any notices or forms to the Plan Administrator at the EUTF's offices located at 201 Merchant Street, Suite 1520, Honolulu, HI.

Specifically, you must use this Notice to inform the Plan Administrator of the following:

1. Certain initial Qualifying Events:

- ◆ A divorce or legal separation of the covered employee and the covered spouse; or
- ◆ A covered dependent child ceasing to be a dependent under the terms of the Plan;

2. The occurrence of a second Qualifying Event after a Qualified Beneficiary has become entitled to COBRA continuation coverage with a maximum COBRA coverage period of 18 or 29 months; and
3. The occurrence of the following event which may affect the continuation or duration of a Qualified Beneficiary's COBRA continuation coverage after COBRA has been elected:
 - ◆ The determination by the Social Security Administration that a Qualified Beneficiary who is entitled to COBRA continuation coverage with a maximum COBRA coverage period of 18 months is disabled at any time during the first 60 days of COBRA continuation coverage.

Oral notice of any event listed above, including notice by telephone, is not acceptable.
Electronic notice via e-mail of any event listed above is not acceptable.

Please note that you do not need to notify Plan Administrator of an initial Qualifying Event that is the end of employment or reduction of hours of employment or the death of the employee. Instead the *[name of public employer]* must notify the Plan Administrator of these three initial Qualifying Events.

If you mail the Notice, it must be postmarked no later than the last day of the required notice period described below. The Plan Administrator will retain the envelope in which you mail the Notice as a way of proving (by the postmark) when you provided the Notice.

If you fax the Notice, it must be transmitted no later than the last day of the required notice period described below. The Plan Administrator will retain the original fax transmittal as a way of proving (by the date and time embedded in the fax transmittal) when you provided the Notice.

If you hand-deliver the Notice, it must be delivered no later than the last day of the required notice period described below. The Plan Administrator will date and time stamp the document you deliver in order to prove when you provided the notice.

You must provide the "Notice of a COBRA-Related Event" to the Plan Administrator within certain time limits following the occurrence of the event that you are reporting. The deadline for providing the Notice will depend upon the nature of the event you are reporting. However you should provide the Notice as soon as practicable, so that you will have sufficient time before the deadline to correct any incomplete Notice that you may inadvertently submit. The procedures and deadlines for providing the Notice of the different COBRA-related events are described below.

Procedure for Giving Notice of an Initial Qualifying Event that is a Divorce, Legal Separation or Loss of Dependent Status

When the initial Qualifying Event is a divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child under the terms of the Plan, you must notify the Plan Administrator in writing within 60 days after the later of (1) the date of the Qualifying Event or (2) the date on which the Qualified Beneficiary loses (or would lose)

coverage under the terms of the Plan as a result of the Qualifying Event. You must provide notice of an initial Qualifying Event by using the Plan's "Notice of a COBRA-Related Event."

If you fully complete the "Notice of a COBRA-Related Event" according to the instructions accompanying the Notice and you attach the required documentation as described in the following paragraphs, you will provide the information required by these Notice Procedures.

If the initial Qualifying Event is a divorce or legal separation, you must include a copy of the decree of divorce or legal separation with your "Notice of a COBRA-Related Event."

If your coverage is reduced or eliminated and later a divorce or legal separation occurs, and you wish to notify the Plan Administrator that your coverage under the Plan was reduced or eliminated in anticipation of the divorce or legal separation, you must provide the Notice within 60 days of the divorce or legal separation in accordance with these Notice Procedures, and in addition you must provide evidence satisfactory to the Plan Administrator that your coverage under the Plan was reduced or eliminated in anticipation of the divorce or legal separation.

If the initial Qualifying Event is a dependent child's loss of eligibility under the terms of the Plan, you must provide documentation of the date of the Qualifying Event that is satisfactory to the Plan Administrator. Examples of satisfactory documentation include:

- ◆ a birth certificate to establish the date that a child reached the limiting age under the terms of the Plan;
- ◆ a marriage certificate to establish the date that a dependent child married; or
- ◆ a transcript showing the last date of enrollment in an educational institution.

Such documentation will allow the Plan Administrator to determine if you gave timely notice of the Qualifying Event and were consequently entitled to elect COBRA continuation coverage.

If you provide the Plan Administrator with a written notice of an initial Qualifying Event that does not contain all of the information required by these Notice Procedures, the Plan will nevertheless consider your notice to be timely **if all of the following conditions are met:**

- ◆ The notice is mailed, faxed or hand-delivered to the individual and address specified above;
- ◆ The notice is provided by the deadline specified above;
- ◆ From the written notice provided, the Plan Administrator is able to determine that the notice relates to the Plan;
- ◆ From the written notice provided, the Plan Administrator is able to identify the covered employee and the Qualified Beneficiary(ies), the nature of the initial Qualifying Event and the date on which the initial Qualifying Event occurred; and
- ◆ The notice is supplemented in writing with the additional information and/or documentation necessary to meet the Plan's requirements (as described in these Notice Procedures). If the Plan requests additional information or documentation, you must provide the additional information or documentation within 15 business days after the Plan

Administrator's written or oral request to provide the information (or, if later, by the 60-day deadline for giving notice of an initial Qualifying Event described above).

If all of these conditions are met, the Plan will treat the notice as having been provided in a timely manner.

If any of these conditions is not met, the Plan Administrator will reject the incomplete notice and will not offer COBRA continuation coverage to you. If you fail to give the Plan Administrator timely and proper notice of an initial Qualifying Event, **YOU WILL FORFEIT YOUR STATUS AS A QUALIFIED BENEFICIARY AND LOSE YOUR RIGHT TO ELECT COBRA CONTINUATION COVERAGE.**

If you submit a "Notice of a COBRA-Related Event" that is sufficiently incomplete such that the Plan cannot determine the nature and/or date of the initial Qualifying Event and the names of the covered employee and any related qualified beneficiaries, then the Plan Administrator will reject the Notice and return the Notice to you for completion. In the event the Plan Administrator returns an incomplete Notice to you, you must complete the Notice and return it to the Plan Administrator with any required documentation by the 60-day deadline specified above. If you do not submit a complete and appropriately documented Notice by the 60-day deadline specified above, **YOU WILL FORFEIT YOUR STATUS AS A QUALIFIED BENEFICIARY AND LOSE YOUR RIGHT TO ELECT COBRA CONTINUATION COVERAGE.**

The following individuals may provide the Notice of the initial Qualifying Event:

- ◆ The covered employee (that is, the employee or former employee who is or was covered under the Plan);
- ◆ A Qualified Beneficiary with respect to the initial Qualifying Event being reported in the Notice; or
- ◆ A representative acting on behalf of the covered employee or a Qualified Beneficiary.

A Notice of an initial Qualifying Event provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who lost coverage under the Plan due to the Qualifying Event identified in the Notice.

Procedure for Giving Notice of a Second Qualifying Event Following Termination of Employment or Reduction of Hours

When you wish to give notice of a second Qualifying Event (such as the covered employee's death, a divorce or legal separation of the employee and spouse, or a dependent child's loss of eligibility under the terms of the Plan) following an initial Qualifying Event that is the end of employment or reduction of hours of employment, you must notify the Plan Administrator in writing within 60 days after the later of (1) the date of the second Qualifying Event; or (2) the date on which the Qualified Beneficiary (that is, the covered spouse or dependent child) would lose coverage under the terms of the Plan as a result of the second Qualifying Event (if this Qualifying Event had occurred while the Qualified Beneficiary was still covered under the Plan). You must

provide notice of a second Qualifying Event by using the Plan's "Notice of a COBRA-Related Event."

If you fully complete the "Notice of a COBRA-Related Event" according to the instructions accompanying the Notice and you attach the required documentation as described in the following paragraphs, you will provide the information required by these Notice Procedures.

If the second Qualifying Event is a divorce or legal separation from the covered employee, the covered employee's death or the dependent child's loss of eligibility under the terms of the Plan, you must provide documentation of the date of the second Qualifying Event that is satisfactory to the Plan Administrator. Examples of satisfactory documentation include:

- ◆ a copy of the decree of divorce or legal separation to establish the date of the divorce or legal separation;
- ◆ a death certificate or published obituary to establish the date of the employee's death;
- ◆ a birth certificate to establish the date that a child reached the limiting age under the terms of the Plan;
- ◆ a marriage certificate to establish the date that a dependent child married; or
- ◆ a transcript showing the last date of enrollment in an educational institution.

Such documentation will allow the Plan Administrator to determine if you gave timely notice of the second Qualifying Event and were consequently entitled to an extension of the COBRA coverage period.

If you provide the Plan Administrator with a written notice of a second Qualifying Event that does not contain all of the information required by these Notice Procedures, the Plan will nevertheless consider your notice to be timely **if all of the following conditions are met:**

- ◆ The notice is mailed, faxed or hand-delivered to the individual and address specified above;
- ◆ The notice is provided by the deadline specified above;
- ◆ From the written notice provided, the Plan Administrator is able to determine that the notice relates to the Plan;
- ◆ From the written notice provided, the Plan Administrator is able to identify the covered employee and the Qualified Beneficiary(ies), the nature of the second Qualifying Event and the date on which the second Qualifying Event occurred; and
- ◆ The notice is supplemented in writing with the additional information and/or documentation necessary to meet the Plan's requirements (as described in these Notice Procedures). If the Plan requests additional information or documentation, you must provide the additional information or documentation within 15 business days after the Plan Administrator's written or oral request to provide the information (or, if later, by the 60-day deadline for giving notice of a second Qualifying Event described above).

If all of these conditions are met, the Plan will treat the notice of a second Qualifying Event as having been provided in a timely manner.

If any of these conditions is not met, the Plan Administrator will reject the incomplete notice and will not provide an extension of the COBRA continuation coverage period that would otherwise be available to you as a result of a second Qualifying Event. If you fail to give the Plan Administrator timely and proper notice of a second Qualifying Event, your COBRA coverage period will end at the expiration of the of the maximum COBRA coverage period to which you are entitled because of the occurrence of the initial Qualifying Event.

If you submit a “Notice of a COBRA-Related Event” that is sufficiently incomplete such that the Plan cannot determine the nature and/or date of the second Qualifying Event and the names of the covered employee and any related qualified beneficiaries, then the Plan Administrator will reject the Notice and return the Notice to you for completion. In the event the Plan Administrator returns an incomplete Notice to you, you must complete the Notice and return it to the Plan Administrator with any required documentation by the 60-day deadline specified above. If you do not submit a complete and appropriately documented Notice by the 60-day deadline specified above, the Plan will not provide an extension of the COBRA continuation coverage period that would otherwise be available to you as a result of a second Qualifying Event. If you fail to give the Plan Administrator timely and proper notice of a second Qualifying Event, your COBRA coverage period will end at the expiration of the of the maximum COBRA coverage period to which you are entitled because of the occurrence of the initial Qualifying Event.

The following individuals may provide the Notice of a second Qualifying Event:

- ◆ The covered employee (that is, the employee or former employee who is or was covered under the Plan);
- ◆ A Qualified Beneficiary who lost coverage under the Plan due to the covered employee’s termination of employment or reduction in hours of employment and is still receiving COBRA continuation coverage; or
- ◆ A representative acting on behalf of the covered employee or a Qualified Beneficiary.

A Notice of a second Qualifying Event provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who may be entitled to an extension of the maximum COBRA coverage period due to the occurrence of the second Qualifying Event reported in the Notice.

Procedure for Giving Notice of the Social Security Administration’s Determination of Disability

When the Social Security Administration determines that a Qualified Beneficiary is disabled and you wish to qualify for the disability extension of the maximum COBRA coverage period to which you may be entitled because of a termination of employment or reduction in your hours of employment, you must provide the Plan Administrator with the “Notice of a COBRA-Related Event” within 60 days after the latest of (1) the date of the Social Security Administration’s disability determination, (2) the date of the covered employee’s termination of employment or reduction in hours of employment, or (3) the date on which the Qualified Beneficiary would lose coverage under the terms of the Plan as a result of the termination of employment or reduction in hours of employment. In addition, you must provide this notice of the Social Security Administration’s determination of disability within 18 months after the covered employee’s

termination of employment or reduction in hours of employment. You must provide notice of the Social Security Administration's determination of disability by using the Plan's "Notice of a COBRA-Related Event."

If you fully complete the "Notice of a COBRA-Related Event" according to the instructions accompanying the Notice and you attach the required documentation as described in the following paragraph, you will provide the information required by these Notice Procedures.

You must include a copy of the Social Security Administration's determination of disability with your "Notice of a COBRA-Related Event."

Such documentation will allow the Plan Administrator to determine if you gave timely notice of the Social Security Administration's determination of disability and were consequently entitled to an extension of the COBRA coverage period.

If you provide the Plan Administrator with a written notice of Social Security Administration's determination of disability that does not contain all of the information required by these Notice Procedures, the Plan will nevertheless consider your notice to be timely **if all of the following conditions are met:**

- ◆ The notice is mailed, faxed or hand-delivered to the individual and address specified above;
- ◆ The notice is provided by the deadline specified above;
- ◆ From the written notice provided, the Plan Administrator is able to determine that the notice relates to the Plan;
- ◆ From the written notice provided, the Plan Administrator is able to identify the covered employee and the Qualified Beneficiary(ies), the fact that you are reporting the Social Security Administration's determination of disability and the date of the determination; and
- ◆ The notice is supplemented in writing with the additional information and/or documentation necessary to meet the Plan's requirements (as described in these Notice Procedures). If the Plan requests additional information or documentation, you must provide the additional information or documentation within 15 business days after the Plan Administrator's written or oral request to provide the information (or, if later, by the 60-day deadline for giving notice of the Social Security Administration's determination of disability which is described above).

If all of these conditions are met, the Plan will treat the notice of the Social Security Administration's determination of disability as having been provided in a timely manner.

If any of these conditions is not met, the Plan Administrator will reject the incomplete notice and will not provide an extension of the COBRA continuation coverage period that would otherwise be available to you as a result of the Social Security Administration's determination of disability. If you fail to give the Plan Administrator timely and proper notice of the Social Security Administration's determination of disability, your COBRA coverage period will end at the expiration of the maximum COBRA coverage period to which you are entitled because of the

occurrence of the initial Qualifying Event (that is, the employee's termination of employment or reduction in hours of employment).

If you submit a "Notice of a COBRA-Related Event" that is sufficiently incomplete such that the Plan cannot determine the nature and/or date of the Social Security Administration's determination of disability and the names of the covered employee and any related qualified beneficiaries, then the Plan Administrator will reject the Notice and return the Notice to you for completion. In the event the Plan Administrator returns an incomplete Notice to you, you must complete the Notice and return it to the Plan Administrator with any required documentation by the 60-day deadline specified above. If you do not submit a complete and appropriately documented Notice by the 60-day deadline specified above, the Plan will not provide an extension of the COBRA continuation coverage period that would otherwise be available to you as a result of the Social Security Administration's determination of disability. If you fail to give the Plan Administrator timely and proper notice of the Social Security Administration's determination of disability, your COBRA coverage period will end at the expiration of the of the maximum COBRA coverage period to which you are entitled because of the occurrence of the initial Qualifying Event (that is, the employee's termination of employment or reduction in hours of employment).

The following individuals may provide the Notice of the Social Security Administration's determination that a Qualified Beneficiary is disabled:

- ◆ The covered employee (that is, the employee or former employee who is or was covered under the Plan);
- ◆ A Qualified Beneficiary who lost coverage under the Plan due to the covered employee's termination of employment or reduction in hours of employment and is still receiving COBRA continuation coverage; or
- ◆ A representative acting on behalf of the covered employee or a Qualified Beneficiary.

A Notice of the Social Security Administration's disability determination provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who may be entitled to an extension of the maximum COBRA coverage period due to the disability reported in the Notice.

Procedure for Giving Notice of the Social Security Administration's Determination that a Disabled Qualified Beneficiary Is No Longer Disabled

When the Social Security Administration determines that a disabled Qualified Beneficiary is no longer disabled, the Qualified Beneficiary must provide the Plan Administrator with the "Notice of a COBRA-Related Event" in order to advise the Plan of the cessation of disability. You must provide this Notice within 30 days after the date of the Social Security Administration's determination that the disabled Qualified Beneficiary is no longer disabled.

You must include a copy of the Social Security Administration's determination of the cessation of disability with your "Notice of a COBRA-Related Event."

Such documentation will allow the Plan Administrator to verify that you gave timely notice of the Social Security Administration's determination that the disabled Qualified Beneficiary is no longer disabled.

If you give the Plan Administrator timely and proper notice of the Social Security Administration's determination of the cessation of disability and you and/or any related Qualified Beneficiaries are still within the initial maximum COBRA coverage period of 18 months, COBRA continuation coverage for all Qualified Beneficiaries will terminate at the end of the 18th month of COBRA continuation coverage.

If you give the Plan Administrator timely and proper notice of the Social Security Administration's determination of the cessation of disability, and you and/or any related Qualified Beneficiaries are being covered during the disability extension period resulting from the Social Security Administration's prior determination of disability, COBRA continuation coverage for all Qualified Beneficiaries will terminate (retroactively if applicable) as of the first day of the month that is more than 30 days after the date of the Social Security Administration's determination that the disabled Qualified Beneficiary is no longer disabled.

If you fail to give the Plan Administrator timely and proper notice of the Social Security Administration's determination that the disabled Qualified Beneficiary is no longer disabled, the Plan Administrator reserves the right to terminate COBRA continuation coverage for all Qualified Beneficiaries retroactive to the date COBRA continuation coverage would have terminated if you had given timely and proper notice of the Social Security Administration's determination that the disabled Qualified Beneficiary is no longer disabled.

The Plan Administrator also reserves the right to require repayment to the EUTF of the cost of all benefits provided or paid after the date COBRA continuation coverage would have terminated, regardless of whether or when you give notice that the disabled Qualified Beneficiary is no longer disabled.

The following individuals may provide the Notice of the Social Security Administration's determination that a disabled Qualified Beneficiary is no longer disabled:

- ◆ The covered employee (that is, the employee or former employee who is or was covered under the Plan);
- ◆ A Qualified Beneficiary who lost coverage under the Plan due to the covered employee's termination of employment or reduction in hours of employment and is still receiving COBRA continuation coverage; or
- ◆ A representative acting on behalf of the covered employee or a Qualified Beneficiary.

A Notice of the Social Security Administration's determination of the cessation of disability provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries whose COBRA continuation coverage may be terminated due to the disabled Qualified Beneficiary no longer being disabled.

NOTICE OF A COBRA-RELATED EVENT

Attn: Plan Administrator
Hawaii Employer-Union Health Benefits Trust Fund
P.O. Box 2121
Honolulu, HI 96805-2121

The undersigned is hereby providing notice to the Plan Administrator of the Hawaii Employer-Union Health Benefits Trust Fund's (EUTF) group health plan(s) of the occurrence of a qualifying event or other COBRA-related event. Notice is being provided in order to preserve the COBRA continuation coverage rights of the undersigned and all related qualified beneficiaries/covered dependents who are or were covered under the EUTF's group health plan(s).

The following COBRA-related event occurred on _____ :
[enter date in mm/dd/yyyy format]

- | | |
|---|--|
| <input type="checkbox"/> divorce of the covered employee and covered spouse | <input type="checkbox"/> legal separation of the covered employee and covered spouse |
| <input type="checkbox"/> a covered dependent child ceased to be a dependent under the terms of the EUTF's plan(s) | <input type="checkbox"/> a 2 nd qualifying event occurred after a qualified beneficiary has become entitled to COBRA with a maximum coverage period of 18 or 29 months; the 2 nd qualifying event was: _____ |
| <input type="checkbox"/> after electing COBRA, a qualified beneficiary became covered under another group health plan | <input type="checkbox"/> after electing COBRA, a qualified beneficiary became entitled to coverage under Medicare (Part A, Part B, or both) |
| <input type="checkbox"/> the Social Security Administration determined that a qualified beneficiary with a maximum COBRA coverage period of 18 months was totally disabled at any time during the first 60 days of COBRA coverage | <input type="checkbox"/> the Social Security Administration determined that a qualified beneficiary previously determined to be disabled is no longer disabled |

The following individuals/qualified beneficiaries covered under the EUTF's plan(s) are affected by this event:

Documentation of the event including the date of its occurrence is attached. Please take the appropriate steps to enable the qualified beneficiaries affected by this event to exercise their COBRA continuation coverage rights.

Signature

Date

Name of Covered Employee

Telephone Number

Mailing Address

City, State, Zip Code

Keep a copy of the completed form for your records.

Instructions for Completing the“Notice of a COBRA-Related Event”

The person completing this form should do the following:

1. Complete the form using blue or black ink. Do not use pencil. Write or print legibly.
2. Fill in the date that the event you are reporting occurred. Either show the date in full, for example, April 5, 2005 or use a month/day/year format, for example, 4/5/2005.
3. Check the box corresponding to the qualifying event or other COBRA-related event you are reporting. If none of the boxes apply, call the Plan Administrator at (808) 586-7390 for assistance.
4. List the names of all family members who (1) are or were covered under the Plan and (2) whose coverage under the Plan may be affected by the event you are reporting. Be sure to include your own name if it is appropriate.
5. Be sure to sign and date the form. Make a copy of the completed form and keep it in a safe place.
6. Indicate the name of the employee covered under the Plan. Show the employee’s first name, middle initial and last name. Be sure to write or print legibly.
7. Indicate a current telephone number where the Plan Administrator may call you if there are any questions regarding your Notice.
8. Indicate the current mailing address where the Plan Administrator should send the COBRA Election Form or other correspondence. If you are reporting an event that affects the coverage of any family member who does not reside with you (for example, a child away at school), please note their current mailing address on the back of the form.
9. **Attach appropriate documentation to verify the date of the event you are reporting.** The “COBRA Notice” on the Plan’s website provides examples of appropriate documentation for the different events. Call the Plan Administrator at (808) 586-7390 if you have any questions regarding the documentation you should provide.
10. Review the form to make sure it is complete. If you have any questions about completing the form, call the Plan Administrator at (808) 586-7390.
11. Return the completed form to the Plan Administrator at the address shown on the top of the Notice. You may return the Notice by mail, by fax, or you may deliver it by hand. You may fax the Notice to the Plan Administrator at (808) 586-2161. You may hand-deliver the Notice to the Plan Administrator at 201 Merchant Street, Suite 1520, Honolulu, HI.
12. If you mail the Notice, be sure to affix sufficient postage to the envelope. If the Postal Service returns your Notice because of insufficient postage, you may not be able to re-mail the notice in a timely manner. If your Notice is late, you will forfeit your rights under COBRA and you will not be entitled to elect or extend COBRA continuation coverage.
13. If you fax the Notice, be sure to keep a copy of the fax transmittal report showing the date and time the Notice was transmitted, the fax number that received the Notice and the status of the fax transmission.

CHANGE OF ADDRESS FORM

Attn: Plan Administrator
Hawaii Employer-Union Health Benefits Trust Fund
P.O. Box 2121
Honolulu, HI 96805-2121

The undersigned is hereby providing notice to the Plan Administrator of the EUTF's group health plan(s) of a change in the mailing address of an employee, Qualified Beneficiary or other Plan Participant. The individuals identified below reside at the addresses shown below as of the date of this Form.

Name

Name

Mailing address

Mailing address

City, State, Zip code

City, State, Zip code

Relationship to Employee

Relationship to Employee

Name

Name

Mailing address

Mailing address

City, State, Zip code

City, State, Zip code

Relationship to Employee

Relationship to Employee

Signature of Employee

Date

Name of Employee

Social Security Number of Employee